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Commission on  
Improving the  
Status of Children

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# Commission on Improving the Status of Children

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APRIL 21, 2021

# Agenda

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1. Welcome and Introductions
2. Consent Agenda
  - a. Minutes from December 2020 meeting

# Agenda

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3. Juvenile Justice and Cross-System Youth
  - a) Nina Salomon, Council of State Governments Justice Center  
Findings and Recommendations from Preliminary Juvenile Justice Assessment



**Justice Center**

THE COUNCIL OF STATE GOVERNMENTS

# INDIANA JUVENILE JUSTICE REFORM TASK FORCE: PRELIMINARY ASSESSMENT FINDINGS AND RECOMMENDATIONS

April 16, 2021

# About the CSG Justice Center



**Justice Center**

THE COUNCIL OF STATE GOVERNMENTS

National nonprofit, nonpartisan, membership association of state government officials that engages members of all three branches of state government

Provides practical, nonpartisan research-driven strategies and tools to increase public safety and strengthen communities



**Justice Center**  
THE COUNCIL OF STATE GOVERNMENTS

# The CSG Justice Center employed a range of methods to conduct a preliminary assessment of IN's juvenile justice system.

**GOAL:** Position Indiana to develop a consensus-based, data-driven statewide plan that ensures that the juvenile justice system more effectively protects public safety, reduces disparities, and improve outcomes for youth.

- Identify opportunities to leverage and build upon past and current juvenile justice reform efforts for development of the statewide plan.
- Evaluate Indiana's current capacity to collect, analyze, report, and use key juvenile justice data critical for developing a data-driven statewide plan and for positioning system stakeholders to measure system performance and progress and make data-driven decisions.
- Establish initial priorities for system improvement by conducting interviews and focus groups with critical stakeholders across the juvenile justice system.
- Assess alignment of Indiana's legislative code and statewide funding approach with research and national best practice.

# Since October, we conducted over 30 interviews and focus groups with ~ 100 stakeholders across the juvenile justice system.



# We also conducted over 20 interviews with state/local agencies to assess Indiana's capacity to collect juvenile justice data.

Indiana Criminal  
Justice Institute

Indiana Supreme  
Court, Office of  
Court Technology

Department of  
Corrections

Management  
Performance Hub

Department of  
Children and  
Families

Indiana  
Prosecuting  
Attorneys Council

## 12 County Probation Departments:

- Allen
- Bartholomew
- Grant
- Hamilton
- Henry
- Lake
- Lawrence
- Madison
- Marion
- Owen
- Steuben
- Vanderburgh
- Wabash
- Wayne

# Key Findings: “Front End” of the Juvenile Justice System

# Research and Best Practices

- ❖ Most youth grow out of their behavior and stop reoffending without system intervention.
- ❖ For low-risk youth, formal system involvement increases their likelihood of recidivism and decreases their likelihood of completing high school. Thus, diversion is a more cost-effective public safety strategy than arrest/court processing for low-risk youth and helps ensure limited resources are used efficiently.
- ❖ The nature of youth's offenses are not a predictor of future risk of reoffending. Diversion decisions are most effective and equitable when guided by objective data on youth's risk of reoffending.
- ❖ Restorative justice practices hold youth accountable for repairing the harm caused to victims and communities and can reduce reoffending and increase victim's satisfaction with the justice system.

# Indiana lacks statewide policies and practices that ensure low-risk youth are diverted from formal system involvement.

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In 2017, status offenses accounted for 15-25% of all court referrals. Together with property and drug offenses, these offenses comprise half of all referrals and approximately 40% of probation cases.

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There are no statewide policies on diversion, and most counties lack pre-arrest or pre-court diversion opportunities. Thus, many youth are referred to the juvenile justice system not because they are a risk to public safety but to receive services.

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Eligibility for diversion is offense-based and not based on a youth's risk to reoffend, and eligibility criteria varies by county creating justice by geography and other inequities.

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For youth on informal adjustments, supervision conditions are often similar to those for youth on formal probation supervision.

# Key Findings: Use of Detention

# Research and Best Practices

- ❖ Reserve detention only for youth who pose a direct risk to public safety or flight risk.
- ❖ Eliminate the use of detention as a response to technical violations or failures to comply with supervision, unless youth are at imminent risk of harming others.
- ❖ Use detention screening tools to guide detention decisions, and establish specific criteria, policies, and training on the use of such tools and decisions.
- ❖ Establish a continuum of alternatives to detention in the community that are matched to the risk and needs of youth.

# Despite detention declines, youth are often detained for non-public safety and/or punitive reasons, and disparities persist.

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Indiana does not have a lower eligibility age for secure detention.

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There is broad statutory discretion to use secure detention for non-public safety related reasons including for behavioral health, family, protection, and other reasons.

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Placement in secure detention is frequently imposed as a disposition and is also used as a punitive response to technical violations.

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The use of a detention screening tool to inform detention decisions is inconsistent across the state.

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The length of stay in detention has increased, particularly for youth of color.

# Key Findings: Dispositional Decisions and Supervision

# Research and Best Practices

- ❖ Match youth with the most appropriate disposition based primarily on the youth's assessed risk of reoffending and limit out-of-home placement for youth that pose an imminent public safety risk.
- ❖ Base time and intensity of supervision on youth's risk level and offense and their treatment progress.
- ❖ Limit standard conditions of supervision and tailor conditions to the root causes of individual youth's behavior and restorative justice practices.
- ❖ Position probation officers as agents of positive behavior change rather than compliance monitors by reducing caseloads and focusing supervision on skill development.
- ❖ Employ graduated responses and incentives to hold youth accountable, promote behavior change, and minimize probation violations.

# Statewide dispositional and supervision decisions are not aligned to risk, need, responsivity principles.

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Dispositional decisions are not consistently informed by the results of a risk/needs assessment, vary significantly across locales, and limited criteria exists to guide the use of incarceration and other forms of out-of-home placement.

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Probation policies and practices vary significantly across the state while technical violations are a large driver of system involvement. In 2017, 25.6% of probation referrals were for technical/administrative reasons.

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While overall admissions to DOC DYS have decreased, racial and ethnic disparities remain a significant concern. In 2019, a third of youth in DOC custody were Black, while Black youth represent 15.2% of Indiana's juvenile population.

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Transitional services and supports are lacking for the majority of youth released from DOC custody.

# Key Findings: Service Delivery and Resource Allocation

# Research and Best Practices

- ❖ Prioritize the vast majority of services for moderate/high risk youth.
- ❖ Match youth to services that address their key criminogenic and behavioral health needs.
- ❖ Ensure youth are engaged in services and receive the appropriate “dosage.”
- ❖ Employ research-based services and use procurement processes, contracts, quality assurance, and data collection to promote implementation fidelity and accountability.
- ❖ Evaluate service provider performance and youth outcomes and direct resources accordingly.

# Indiana lacks policies and processes to ensure state and local resources are used efficiently or effectively for service delivery.

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Services funded through DCS are not always appropriate or targeted to address the unique needs of youth in the delinquency system and not based on a data-driven assessment of the needs of the actual population being served.

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Limited statewide policies exist to ensure DCS-funded services are used by counties primarily for moderate/high-risk youth, and the state and most counties lack processes to ensure youth are matched to service based on their key needs.

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Many probation departments rely heavily on residential services, regardless of available community-based services, while rural jurisdictions lack behavioral health treatment options.

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There is a lack of formal quality assurance policies to assess the fidelity and effectiveness of services and to hold providers accountable for improved outcomes.

# Key Findings: Developmentally Appropriate Approach

# Research and Best Practices

- ❖ Research on adolescent development shows that youth are not mini–adults; They engage in risky behaviors, fail to account for the long-term consequences of their decisions, are relatively insensitive to degrees of punishment, and struggle to regulate their impulses and emotions.
- ❖ Supervision and services should promote positive youth development, including improving family engagement, employment and education, and attachment to positive peer networks.
- ❖ Tailor system interventions to each individual youth, rather than treating youth as a homogenous group.
- ❖ Hold youth accountable for their actions in ways that help repair the harm caused to victims and communities.

# Indiana lacks a statewide commitment to employing a developmentally appropriate approach to supervision/services.

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Indiana does not have a lower age for juvenile court jurisdiction. In 2018, 9.5% of all referrals to juvenile court were for youth ages 12 and younger.

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There are as many as 7 different types of fines and fees that can be imposed on youth and families as a result of court involvement.

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Indiana implements a number of punitive policies and programs that are demonstrated by research to be ineffective such as use of a boot camp, isolation in correctional facilities, and collateral consequences during and post system supervision.

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There is broad discretion for waivers to adult court and a fairly long list of offenses for which youth can be automatically transferred to the adult system.

# Key Findings: Data Collection, Performance Evaluation, and Data-Driven Decision Making

# Indiana has limited capacity to collect, track, and use juvenile justice data to evaluate and improve system performance and youth outcomes.

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Indiana lacks statewide performance measures to assess how the juvenile justice system is faring.

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There are no standard data definitions across the state, minimal reporting requirements for juvenile justice data, and limited data on youth outcomes, including recidivism.

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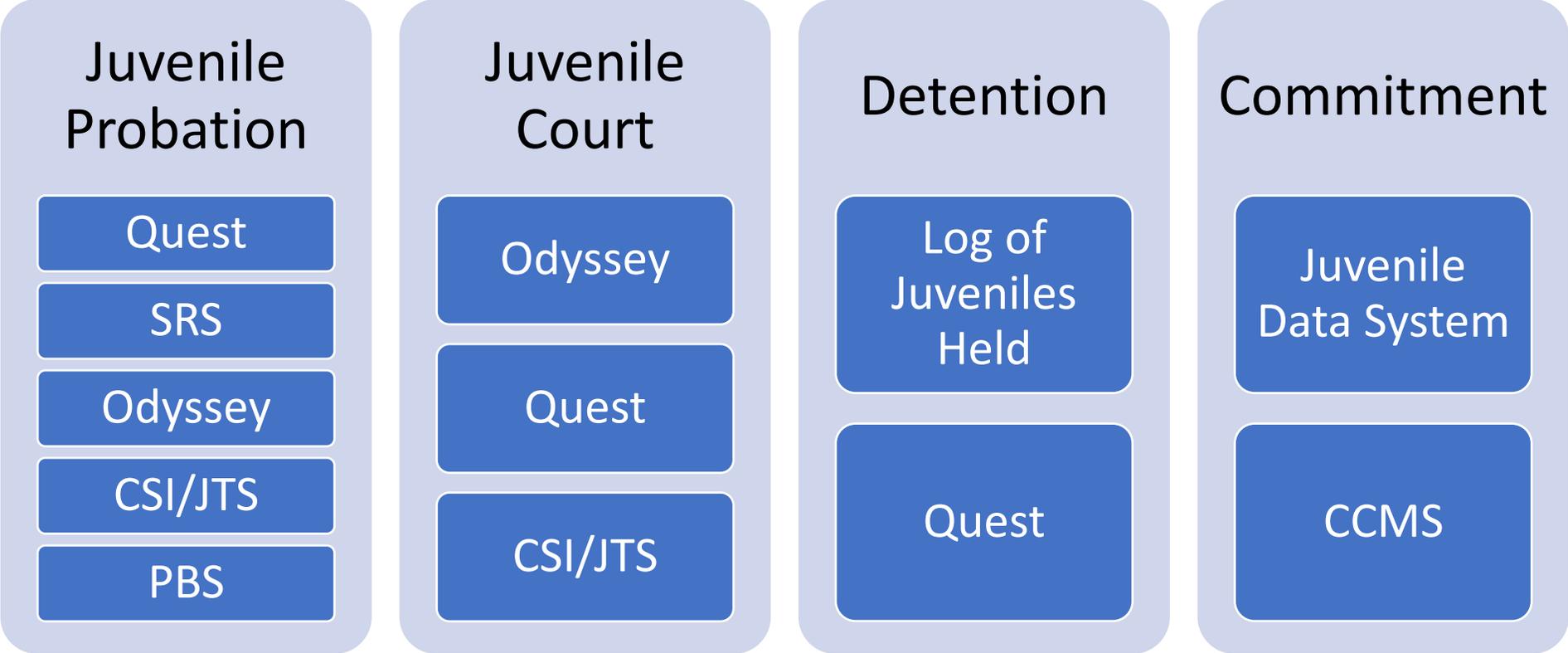
Indiana is unable track youth across the juvenile justice system continuum, from point of referral through reentry, given the use of multiple data systems and no unique youth identifier.

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There is a lack of state and local data analytics capacity, accountability, and quality improvement processes.

# Multiple data systems are used by state and local agencies to collect and track data on youth in the juvenile justice system.

## Juvenile Justice Data Systems in Indiana



# Initial Recommendations for Improving Public Safety, Resource Allocation, and Youth Outcomes

# Establish statewide policies to match youth with the most appropriate level of supervision based on their risk of reoffending.

- ✓ Develop a statewide strategy to divert status offenders and low-risk youth from system involvement, pre and post arrest, and to meet their needs through other systems and community-based programs.
- ✓ Establish statewide policies on diversion eligibility, screening and assessment, supervision, and service delivery.
- ✓ Restrict the use of detention for reasons other than public safety, including as a sanction or disposition, and require the use of a validated screening tool.
- ✓ Establish dispositional decision-making guidelines include the use of risk and needs assessments and policies around the length of supervision and use of all forms of out of home placement.
- ✓ Establish standards/guidelines on key probation policies/practices, including the use of incentives/graduated sanctions/technical violations.

# State Examples

- **North Dakota** passed a bill this session that decriminalizes unruly offenses and separates unruly youth, child welfare, and delinquent youth in statute. Additionally, the bill designates county social services offices as responsible for addressing these youths' service needs in lieu of arrest and court involvement.
- **Florida** has a prearrest civil citation program in place, authorized in statute, to divert youth with misdemeanor offenses from the juvenile justice system.
- In 2019, **Colorado** revised statutory language limiting the use of secure detention for reasons other than public safety and required the state to revise and validate the detention screening tool.
- A number of states have required the use of risk assessment tools to inform dispositional decisions and term lengths, as well as the use of a graduated response and incentives grid or matrix by probation to respond to probation violations and reward positive behavior, including **Colorado, Kentucky, Nebraska, and South Dakota**.

# Establish policies, and practices to ensure that services are effective and that resources are used efficiently.

- ✓ Establish a process for how state funds are allocated for juvenile justice services that is data-driven, based on youth's risk and needs, and focuses on research-based services.
- ✓ Create statewide policies to guide the appropriate use of residential placement, limiting the use of such placements for public safety reasons or significant behavioral health needs.
- ✓ Identify opportunities to reinvest resources that are currently allocated to residential facilities back into priority needs in the community.
- ✓ Expand/strengthen more intensive community-based behavioral health and family treatment services targeting youth in the delinquency system.
- ✓ Strengthen training, fidelity monitoring, quality assurance protocols, data collection, and establish continuous quality improvement and accountability processes for service providers, counties, and the state on the effective use of resources.

# State Examples

- A number of states, including **Nevada, Oregon, and Washington**, require that most, if not all, state funding for juvenile justice services be used only for those programs that are deemed as evidence-based.
- States have created pilot programs to help increase the availability and accessibility of intensive community-based mental health treatment services.
- **Illinois and Ohio** are examples of two states that have established funding models that incentivize local communities to decrease incarceration and provide community-based alternatives.
- In **Colorado**, legislation enacted in 2019 requires state agencies to develop a set of shared performance measures for service providers serving youth in the juvenile justice system.

# Align the juvenile justice system with developmentally appropriate, positive youth development approaches.

- ✓ Establish a lower age of juvenile court jurisdiction and develop a system of services and supports for younger youth and their families outside of the juvenile justice system.
- ✓ Strengthen the continuum of evidence-based services and behavior management interventions for youth in juvenile facilities, eliminate those that are not demonstrated by research to be effective, and develop a formal system of reentry services and supports.
- ✓ Limit fines and fees for youth and families, and instead, emphasize a restorative justice approach to restore and repair harm, particularly victim mediation.
- ✓ Limit collateral consequences for youth who become involved in the juvenile justice system, particularly long-term structural barriers to education and employment.
- ✓ Match the highest-risk youth with the most appropriate supervision by limiting the ways that youth can be supervised by the adult criminal justice system.

# State Examples

- 13 states established a lower age of juvenile court jurisdiction of 10 or higher, and there is current legislation in CT, MD, and NC to establish a lower age.
- In the last 15 years, 40 states and DC have changed over 100 laws to make it harder to send children to adult court and 22 states made it harder to treat children as adults by narrowing or ending their automatic transfer laws.
- States and counties are increasingly using standardized tools, such as the Correctional Program Checklist (CPC) to conduct assessments of service quality in their facilities and to ensure that services are effective, and many states are shifting to smaller, closer-to-home, therapeutic facilities (Missouri Model).
- A number of juvenile justice systems are finding new ways to meaningfully engage youth and families in processes and decision making, and are formalizing these approaches through specific tools, structures, and protocols.

# Establish statewide performance measures, data definitions, and standard data collection, analysis, and reporting practices.

- ✓ Outline key measures of system performance, including multiple measures of recidivism and positive youth outcomes, and develop training and quality assurance processes to ensure consistent collection and reporting
- ✓ Require annual reporting, create shared data definitions, and establish data practice standards
- ✓ Build state and local capacity and infrastructure to analyze juvenile justice data, including allowing linkages between systems, investing in technology, and hiring in-house data analysts
- ✓ Incorporate information about system performance and youth outcomes into decision-making processes by gaining buy-in and support from system stakeholders, developing messaging around the use of data, and providing technical support

# State Examples

- The **Florida** Department of Juvenile Justice has a comprehensive data system that links information on key juvenile justice data, and the agency has a data integrity unit that publishes business rules for using the system. DJJ publishes system performance reports on its website, including interactive data dashboards.
- The **Texas** Department of Juvenile Justice collects juvenile court and probation data from county-run juvenile probation departments. TJJD requires an extract of case-level data submitted to the state monthly, and there are specifications for data elements and formats for submission.
- **Pennsylvania** utilizes a statewide case management system to collect and report dispositional data and recidivism from the primarily county-run juvenile justice system.
- **Iowa** maintains a juvenile justice data warehouse with information from Iowa's eight judicial districts to provide all three branches of the government with access to juvenile court statistics.

# Next Steps

# Next Steps

- Contingent on available funding, launch a 6-12 month, in-depth, data-driven assessment process focused on priority reform areas identified by the taskforce and overseen by the task force.
- Complement this state-driven reform effort with a focus on community engagement and equity to ensure reforms reflect interests/needs of local communities and people of color.
- Present findings from the assessment to the taskforce, work with state, local, and community stakeholders to identify policy solutions, and support the taskforce to reach consensus on statewide policy and funding changes for the 2022 legislative session as well as administrative policy change.
- Guide and support Indiana to build capacity to collect, track, and use juvenile justice data to drive decision-making, including the establishment of statewide performance measures, shared data definitions, and data practice standards.

# Agenda

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3. Juvenile Justice and Cross System Youth
  - b) Matt Gooding, DCS, and Mike Gray, Madison County Probation  
Emergency Shelter Care Recommendations
  - c) Stephen Balko, Indiana Department of Education  
Serious and violent delinquent behavior



# Juvenile Justice and Cross System Youth Task Force

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PRESENTATION TO THE COMMISSION  
ON IMPROVING THE STATUS OF  
CHILDREN IN INDIANA

APRIL 21, 2021

# Strategic Goal

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To improve safety and outcomes of youth who come in contact with the youth justice system

Task Force has identified eight objectives and convened sub-committees for each

# Objective #3: Increase alternatives to detention for youth, such as shelter care, assessment centers, intake centers, and alternative therapeutic settings

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Sub-Committee Co-Chairs: Matt Gooding (DCS) and Mike Gray (Madison County Probation)

Members:

Alison Cox, Porter County

Amber Becker, DMHA

Ashley Barnet, IOCS

Judge Galvin, Monroe County

Joel Wieneke, Public Defender Council

Michael Ross, Criminal Justice Institute

Naomi Koeplin, DCS Education Liaison

Ray Caples, Elkhart County

Victoria Thevenow, Monroe County ESC

Rachael Fisher, Lutherwood ESC

Desmond Matthews, Conerstone ESC

Jill Rippey, NYAP LCPC

# Purpose

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Advocate for increased availability of an access to emergency Shelter care and alternative therapeutic placements

Broader Study on the Allocation of Resources across the State to ensure access to emergency shelter care in all areas of the State

To assess the need for Emergency shelter care for children that have been commercially sexually exploited (CSEC)

# Methodology

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Met monthly (In person 11/19-2/20 and virtually 3/20-2/21)

Surveys to County DCS and Probation Departments 2019 and 2020

Survey to Emergency Shelter Care Facilities

Judge Dowling spoke to Workgroup

IYSA Spoke to Workgroup about Safe Place

DMHA spoke to work group about Facility Based respite

# Findings

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ESC Census has hovered around 35%

Counties are not aware of ESC's around the state

Some ESC's are not able to accept higher acuity youth

Most have ESC's within an hour's Drive

Foster care is primary recommendation for Alternative to ESC

Foster care is not available but appropriate for youth needs

Foster care system bias toward older youth and youth on probation

# Emergency Shelter Care Facilities

**Allen County Youth Services  
Crossroad Child And Family  
Services Inc**  
11805 Lima Road  
Fort Wayne, IN 46816  
260-449-3561

**Bertholomew Co. Youth  
Services**  
2350 Illinois Street  
Columbus, IN 47201  
812-379-1690  
Contact: Anita Biehle

**Clark Co. Youth Shelter**  
118 E Chestnut  
Jeffersonville, IN  
(812) 284-5228

**Youth Encouragement  
Services**  
11636 County Farm Road  
Aurora, IN 47001  
812-926-0110  
Contact: Amy Phillips

**Youth Opportunity Center**  
3700 Kilgore Ave  
Muncie IN 47304  
765-289-5437, ext. 2222

**Open Door Youth Services**  
2524 Corydon Pike  
New Albany IN 47150  
812-948-5481

**Beshor**  
62226 County Road 15  
Goshen, IN 46527  
574-875-5117

**Paddock View**  
1700 E. Bradford St.  
Marion, IN 46952  
765-664-7740

**Blue River - Wyandotte  
House**  
100 Hill Top Drive  
Corydon, IN 47112  
812-738-3273  
Contact: Liz Tyree

**Robert J. Kinsey Youth  
Center**  
701 South Berkley  
Kokomo, IN 46901  
765-457-1408

**YSB of Jay Co.**  
406 West Arch Street  
Portland, IN 47371  
260-726-8520

**Jefferson County Youth  
Shelter Inc**  
212 East St., Madison IN  
812-265-3777

**Southwest Indiana Regional  
Youth**  
2290 Theobald Ln  
Vincennes IN  
(812) 886-3000

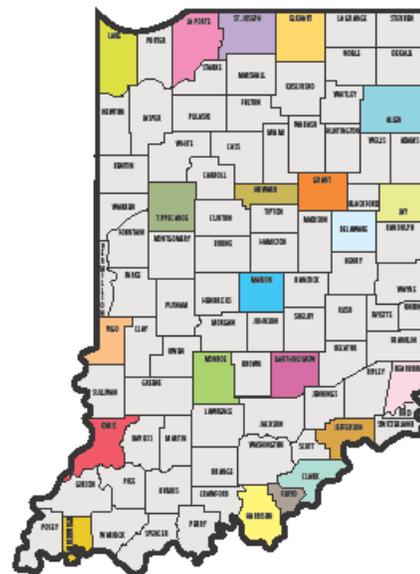
**St Joseph Carmelite Home**  
4840 Grasselli Ave  
East Chicago, IN 46312  
219-397-1085

**Crisis Center - Alternative  
House**  
101 N. Montgomery Street  
Gary, IN 46402  
(219) 938-7070

**Dorothy S. Crowley Shelter  
(ESC)**  
0364 S. Zigler Rd.  
LaPorte, IN 46350  
219-324-5130 ext. 4221

**Children's Bureau Courage  
Center**  
2115 Central Ave  
Indianapolis, IN 46202  
317-986-7730  
317-417-0300 after 5pm

**Children's Bureau Family  
Support Shelter**  
1575 Martin Luther King Jr St  
Indianapolis, IN 46202  
317-264-2700  
317-989-0756 after 5pm



**Cornerstone Youth  
Residential Services**  
Lutherwood

**Binkley House**  
615 S Adams  
Bloomington IN  
812-349-2507

**YSB of St. Joseph County  
Safe Station**  
1322 Lincolnway East  
South Bend, IN 46613  
574-235-9395

**Cary Home  
Scholar Home**  
1530 South 18th Street  
Lafayette, IN 47905  
765-474-4616

**Hillcrest Washington Youth  
Home**  
2700 W Indiana Street  
Evansville, IN 47712  
812-428-0698

**Vigo County Group Homes**  
1308 S 6th  
Terre Haute, IN  
812-462-3256

**Gibault Inc.**  
6301 S HWY 41  
Terre Haute, IN  
812-299-1156



# Recommendations

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INCREASE AWARENESS: SHAREPOINT DEVELOPMENT, NON- OVERNIGHT ESC AND MAP OF ESC'S



ENHANCE FOSTER CARE CAPACITY: FOSTER PARENT EDUCATION AND RECRUITMENT



LONG TERM PLAN: WORK WITH ESC'S TO PROVIDE TRAINING TO ENHANCE ABILITY TO SERVE HIGHER ACUITY YOUTH

# Objective #5: Identify and encourage adoption of effective and promising practices for preventing serious and violent delinquent behavior

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## What does “serious and violent delinquent behavior” mean?

Serious and violent delinquent behavior is any act alleged to have been committed or committed by a person under the age of 18 that involves violence against another person while using a weapon and/or resulting in moderate or serious bodily injury.

## How can we measure whether prevention practices that are identified are impactful?

Data collection and analysis on acts for which petitions to adjudge delinquency have been filed or found true by adjudication/conviction from 2015 to 2020

## Current Work:

- Begin data analysis
- Identify programs/practices aligned with what data reveals

**Sub-Committee Co-Chairs: Steve Balko and Bob Bragg**

# Agenda

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## 4. Child Health and Safety

- a) Kate Schedel, Indiana Department of Health  
Teen Pregnancy Prevention



**Indiana**  
**Department**  
**of**  
**Health**

## TEEN PREGNANCY PREVENTION

KATE SCHEDEL  
*MCH PROGRAMS DIRECTOR*

4/21/2021

# Optimally Changing the Map for Teen Pregnancy

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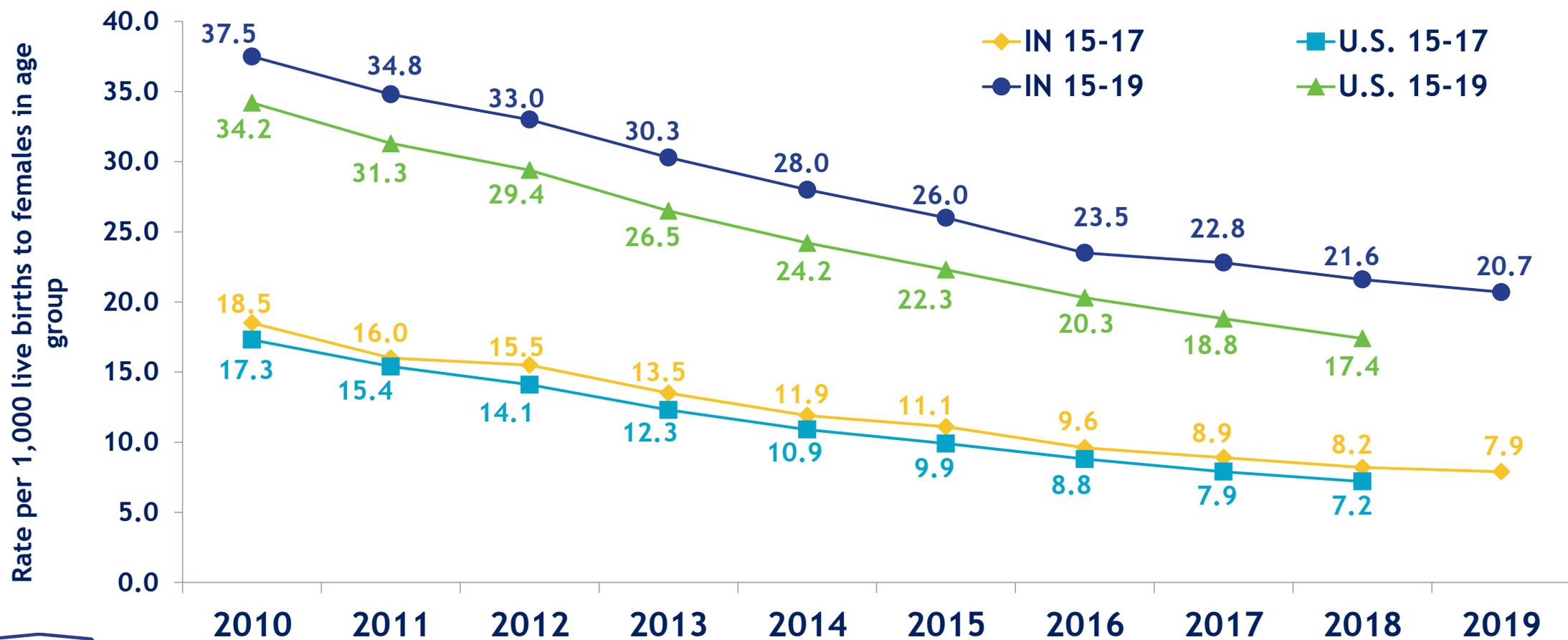
## FUNDING ANNOUNCEMENT: Released February 2020

- Office of Population Affairs (formerly the Office of the Assistant Secretary for Health)
- Cooperative agreement
- 3-year grant cycle
- Awards up to \$1.5 million per year

## THE GOAL: Optimal Teen Health

- Use systems thinking approach/multiple leverage points to maximize impact
- Use appropriate evidence-based programming (cultural, age, medical, trauma-informed)
- Integrate TAG five essentials for adolescent health
- Monitor and evaluate implementation
- Share results/findings

# Age-Specific Birth Rates for Teen Mothers, Indiana and U.S., 2010-2019



National 2019 data not yet available.



Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [November 16, 2020]  
Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

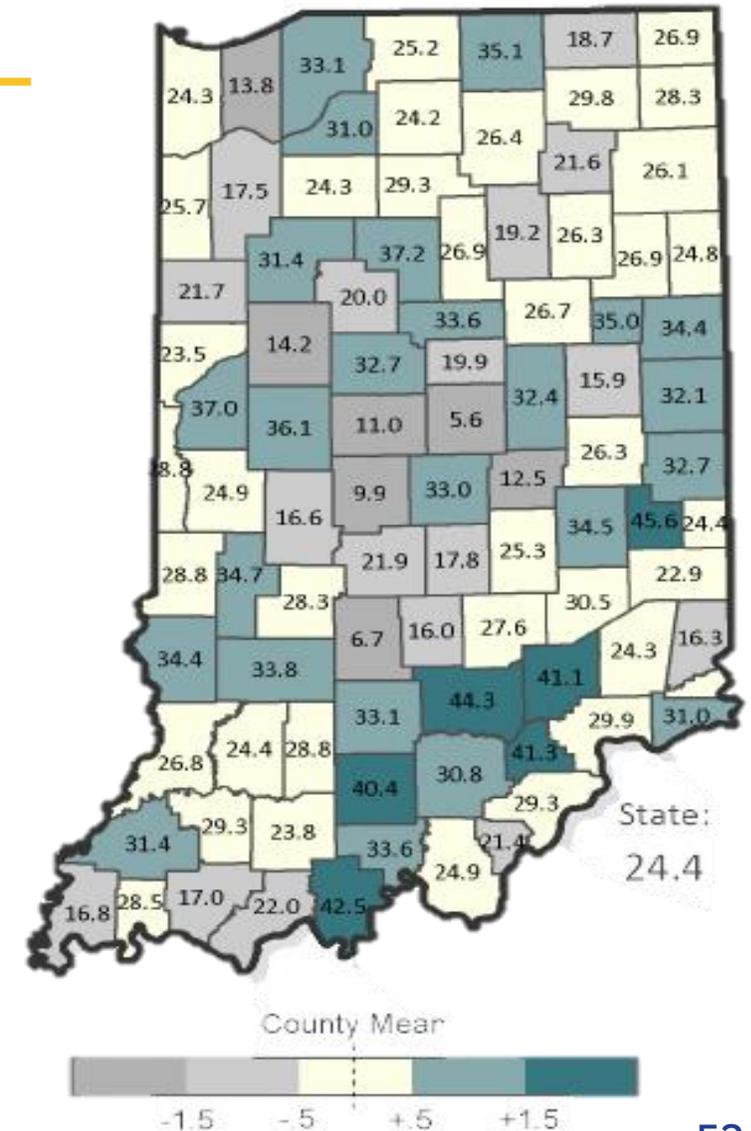
# Teen Pregnancy Rates & Disparities

2014 – 2018  
Rate per 1,000 Live Births

Rates of teen pregnancy by race & ethnicity	
Non-Hispanic Black	41.2
Hispanic	31.3
Non-Hispanic White	18.4
<i>US National Average</i>	<i>17.6</i>

Rates of teen pregnancy by geography	
Rural	27.0
Urban	20.2

All Data is from 2018 reports



# Sexually Transmitted Infection Rates

## Indiana STI Cases:

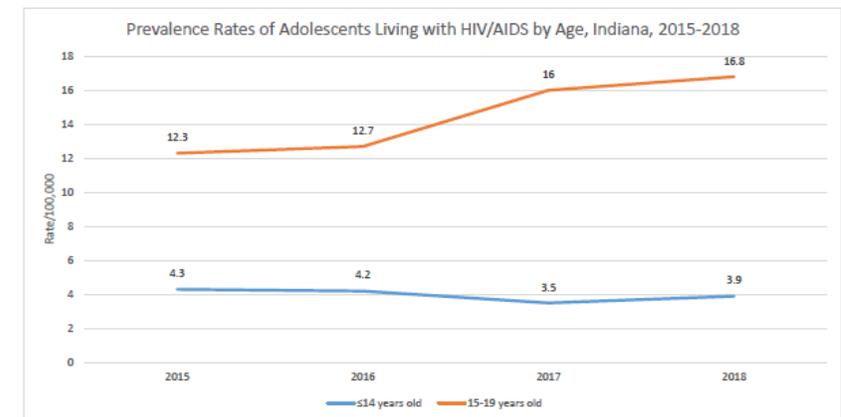
- Chlamydia & Gonorrhea are most prevalent

## STI Rate Disparities:

- Non-Hispanic black youth are 6.7 times more likely to contract Chlamydia than non-Hispanic white youth.
- Non-Hispanic black youth are 8.6 times more likely to contract Gonorrhea than non-Hispanic white youth.
- Nearly 7% of new HIV cases in 2018 were detected in 13 - 19-year-olds.



Age-Specific STI Rates 15 – 24 years old, Indiana, 2010 – 2018 (Rate per 100,000)



HIV/AIDS Prevalence Rates of Adolescents living with HIV/AIDS by age, Indiana, 2015 - 2018



Source: ISDH - HIV/STD/Viral Hepatitis, & Hillman, D. (2019). *HIV/AIDS Epidemiologic Profile Indiana 2018*. Retrieved from

[https://www.in.gov/isdh/files/2016\\_2018%20Epi%20Profile.pdf](https://www.in.gov/isdh/files/2016_2018%20Epi%20Profile.pdf). Accessed April 2020.

# Indiana's Three-pronged Approach

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## Targeted leverage points:

1. Individual adolescents
2. Interpersonal connections (peers, families/caretakers)
3. Primary care providers

## Three interventions used:

1. Botvin LifeSkills
2. Be Strong Families Café Models
3. Adolescent Health Initiative Adolescent Champion Model



# Grant Awards

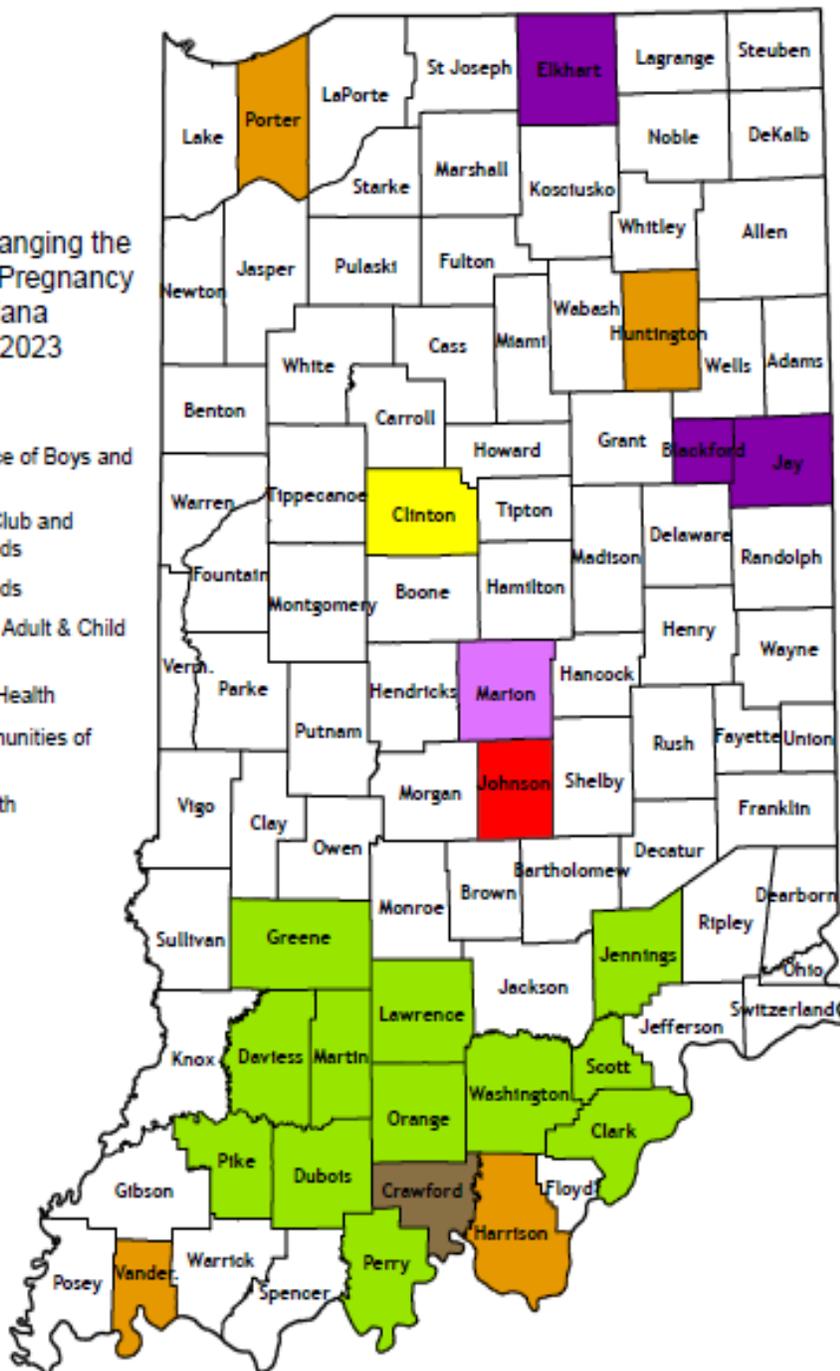
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- Total Funding given equals \$56,300,000 per year for a 3-year grant cycle.
- **Indiana Department of Health was awarded \$1,455,000 per year.**
  - [OPA Press Release on 6/30/2020](#)
  - 6 implementing partners
  - 2 support partners
  - 2 model-based partners

# Our Implementing Partners & Counties Served

Optimally Changing the Map of Teen Pregnancy in Indiana 2021 - 2023

- Indiana Alliance of Boys and Girls Clubs
- Boys & Girls Club and Hoosier Uplands
- Hoosier Uplands
- LifeSmart and Adult & Child Health
- Adult & Child Health
- Healthy Communities of Clinton Co
- McMillen Health



1. Adult & Child Health
2. Indiana Alliance of Boys and Girls Clubs
3. Healthy Communities of Clinton County
4. Hoosier Uplands
5. LifeSmart Youth
6. McMillen Health

# Our Support Partners

*Supporting partners will work closely with IDOH and local implementing partners to provide timely services and resources for professional development, adaptations, quality improvement, and evaluative design.*

**Technical Assistance and Training:**  
Health Care Education and Training, Inc



**Project Evaluation:**  
Indiana University Adolescent Medicine



# Our Model-Based Partners

*Supporting model-based partners will work closely with IDOH and local implementing partners to train them on the Café Model and Adolescent Champion Model. These models have both been replicated widely around the United States.*

## Adolescent Champion Model:

University of Michigan Adolescent Health Initiative



## Parent & Teen Café Model:

Be Strong Families



# Thank you

Questions?

Kate Schedel

[kschedel@isdh.in.gov](mailto:kschedel@isdh.in.gov)

# Agenda

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## 4. Child Health and Safety

- b) David Reed and Heather Kestian, Department of Child Services  
FFPSA Implementation Update



INDIANA  
DEPARTMENT OF  
CHILD  
SERVICES

*Indiana Family Preservation Services and  
Families First Prevention Services Act Information  
April 2021*

*"Children will live in safe, healthy and supportive families and communities."*



# Why Family Preservation?

Child Welfare Policy and Practice Group (CWG) completed an assessment of DCS in June 2018.

- Indiana had an **89.4% increase in out-of-home cases** from 9/30/05 – 9/30/17, peaking at 20,394 cases (population of Indiana is 6.6M)

Neighboring states:

- Illinois: **-13.1%** to 14,255 (population of 12.75M)
- Kentucky: **+17.3%** to 8,063 (population of 4.5M)
- Michigan: **-39.4%** to 11,886 (population of 10M)
- Ohio: **-9.8%** to 14,891 (population of 11.7M)





# Why Family Preservation?

- Per-diem based. Move away from fee-for-service hourly reimbursement.
- We've been thinking about moving toward a per-diem model for a long time, and the legislature gave us a push with HEA 1001 (2019).





# What's so great about per diem?

- Providers, FCMs, and DCS as an agency can focus on outcomes, not on hours.
- Go away from multiple providers per family to improve teaming, reduce confusion, and create better accountability with the ability to measure outcomes on the provider level.





## More...

DATA!—We will have so much data that we can trust. Provider data. Regional data. Race data.

Ability to preserve more families....**SAFELY!**  
Provider must check on safety weekly and report any concerns immediately.

*Teach* families about their own community resources and how to meet their own concrete needs like rent, utilities, food, healthcare, etc.





# The service and referring...

All In-Home CHINS and IA's *must* be referred for Family Preservation Services.

Multiple providers in every Region and County that all have a different array of models available to address parenting, mental health, and substance use disorders.

Referrals made thoughtfully to specific providers based on our knowledge of the family's needs and our reasons for involvement.



# Is it working?

- Launched June 1, 2020, statewide
  - Over 2,000 families have received the service
  - Over 4,000 kids
  - Less than 3% have experienced another substantiated incident of maltreatment (abuse/neglect)
  - Less than 2% have experienced a removal.
- 
- Formal evaluation is ongoing, and can be found here:  
[https://www.in.gov/dcs/files/ProviderSummary\\_INFPS\\_Evaluation\\_2021\\_02\\_22.pdf](https://www.in.gov/dcs/files/ProviderSummary_INFPS_Evaluation_2021_02_22.pdf)
- 
- INFPS webpage: <https://www.in.gov/dcs/4102.htm>





# Emphasis on Prevention

- Must be evidence-based (meaning well-supported, supported or promising as rated by the IV-E Prevention Services Clearinghouse)
  - No less than 50% of programs provided must be well-supported (delayed as a result of Family First Transition Act)
  - Maximum of 12 months (redetermination available)
  - Must be trauma informed



# Prevention Candidate Definition

- Child must be identified as a candidate for foster care (regardless of whether the child is IV-E eligible), pregnant/parenting foster youth, and parents/kin caregivers of those children and youth
  - Children and Families Served by Providers Outside of DCS (who can remain safely at home and will have an individualized service/prevention plan)
    - Children and families (including relatives and kin) receiving Healthy Families of Indiana services



# Prevention Candidate Definition

- Children and Families Served by Providers and DCS who have an open DCS case (who can remain safely at home and will have an individualized case plan identifying the need for prevention services)
  - Pregnant and parenting youth in foster care and their children (regardless of whether the child of the parenting foster youth has an open case);
  - Children and families served through an open DCS' Informal Adjustment case, which offers prevention services to families; and/or
  - Children and families served through an open DCS' In-Home CHINS case, which offers prevention services to families.

# Services listed

Prevention Program Categories	Indiana Evidence Based Programs	Title IV-E Prevention Services Clearinghouse Rating
Mental Health Treatment	Functional Family Therapy (FFT)	Well-Supported
	Multisystemic Therapy (MST)	Well-Supported
	Parent Child Interaction Therapy (PCIT)	Well-Supported
	Trauma- Focused Cognitive Behavioral Therapy (TF-CBT)	Promising
Substance Abuse Treatment and Prevention	Motivational Interviewing (MI)	Well-Supported
	Multisystemic Therapy (MST)	Well-Supported
In-home, Skill-based Parenting Programs	Healthy Families America (HFA)	Well-Supported
	Parents as Teachers (PAT)	Well-Supported
	Indiana Family Preservation Services (INFPS)	Not Yet Rated, Evaluation Pending
	Concrete Supports and Services	Transitional Payments Checklist Submitted with a Well-Supported Designation Request





**INDIANA**  

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**DEPARTMENT OF**  

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**CHILD**  

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**SERVICES**  

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## Family First Act in Indiana

**For more information and questions:**

- 🌐 [www.in.gov/dcs/familyfirstact.htm](http://www.in.gov/dcs/familyfirstact.htm)
- @ [dcsfamilyfirst@dcs.in.gov](mailto:dcsfamilyfirst@dcs.in.gov)

# Agenda

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## 5. Executive Director Updates

Committee Reports

Adding Youth Members to the Commission

# Agenda

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6. Legislative Highlights  
All Commission Members

# Agenda

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7. Future Meeting Topics or Other Items  
All Commission Members

# Agenda

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8. Next meeting: June 16, 10 a.m. – noon, Zoom/Livestream